

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-014672

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 77 Primary Registration District No. 5305 Registrar's No. L

FILED APR 24 1962

1. PLACE OF DEATH

a. COUNTY Coleb. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Jefferson City - R3c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION one mile south of ToasInside Limits
Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Colec. CITY
OR TOWN JeffersonInside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
508 Jackson StreetReside on Farm
Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)First Paul Middle Cyril Last Charles Scott4. DATE OF DEATH
Month April Day 17 Year 1962

5. SEX

Male

6. COLOR OR RACE

White7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

Aug. 5 1907

9. AGE (last birthday)

54IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Case Worker

10b. KIND OF BUSINESS OR INDUSTRY

Division of welfare

11. BIRTHPLACE (City and state or country)

Springfield, Missouri

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Edward C. Scott

13b. MOTHER'S MAIDEN NAME

Audie Muse

14. NAME OF HUSBAND OR WIFE

Esperance Scott15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)no

16. SOCIAL SECURITY NO.

17. INFORMANT

Esperance Scott

Address

508 Jackson Street18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Natural Causes - Exact Cause UnknownINTERVAL BETWEEN
ONSET AND DEATHConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Man died unattended. Investigation revealed20c. TIME OF INJURY
Hour 11:30 Month 4 Day 18 Year 1962
p.m.20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☒20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)1 mile south of Toas, Mo.

20f. CITY, TOWN, OR LOCATION

Jefferson City, R3

COUNTY

Cole

STATE

Mo.

21. I attended the deceased from _____, to _____, and last saw her alive on _____

Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Robert H. Beckman

22b. ADDRESS

Jefferson City, Mo 4/18/62

22c. DATE SIGNED

23a. BURIAL, CREMATION,
REMOVAL (Specify)Burial

23b. DATE

4-20-62

23c. NAME OF CEMETERY OR CREMATORY

Riverview Cemetery

23d. LOCATION (City, town, or county)

Jefferson City

(State)

Mo.

24. FUNERAL DIRECTOR

Tanner Funeral Home

ADDRESS

Jefferson City

25. DATE RECD. BY LOCAL REG.

19 April 1962

26. REGISTRAR'S SIGNATURE

RP Davis MD - Richter

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.

3

Paul Cyril Scott

INSTEAD OF

Paul Charles Scott

DATE AMENDED

4/30/62

BY AFFIDAVIT OF Informant

DOCUMENT

VS 300
Rev. 4/591026020269

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FEB 14 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Orville L. Jones

Licensed Embalmer No. 4411

P. O. Address Belle Me

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.